



LICENSE NUMBER: _____

APPLICATION FOR REACTIVATION OF INACTIVE LICENSE WITH RETIRED STATUS

Alabama Board of Nursing
P. O. Box 303900
770 Washington Avenue, Suite 250
Montgomery, AL 36130-3900
Phone: (334) 293-5200
Toll Free Number: 1-800-656-5318
Website: www.abn.alabama.gov



The fee for reactivation of a license with retired status is:

- ☐ \$575, if reactivation is within two years of obtaining retired status (\$500 reactivation fee plus \$75 renewal fee)
- ☐ \$225, if reactivation is after two years of obtaining retired status (\$150 reactivation fee plus \$75 renewal fee)

FEES ARE NOT REFUNDABLE

NAME _____
Last First Middle Maiden

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

CURRENT MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

DAY-TIME PHONE _____ FAX _____ EMAIL _____

CONTINUING EDUCATION

Copies of the certificates must be enclosed showing the provider number or approving agency, date of course completion or date credit was awarded, location, title of course, signature of authority, and name of person who was awarded the contact hours.

Did you obtain 24 continuing education hours within the past twenty-four months? YES ☐ NO ☐

REGULATION

If the answer to any of the following questions is "YES", attach a detailed explanation and all pertinent records (court, treatment, military, or other boards of nursing records) or indicate if and when disclosure was previously made to this Board. Otherwise, please allow 30 days for "YES" answers to be reviewed.

1.	Since your last renewal of an active license, were you arrested for and/or charged with any crime other than a minor traffic violation? Any arrest and/or charge related to driving while impaired or while under the influence of any substance is not a "minor traffic violation."	YES <input type="checkbox"/> NO <input type="checkbox"/>
2.	Since your last renewal of an active license, did you plead guilty to, enter a plea of nolo contendere or no contest for, get convicted of, receive deferred prosecution or adjudication for, have judgment withheld for, receive pretrial diversion for, or plead not guilty by reason of insanity or mental defect to, any misdemeanor or felony in any state, territory, or country?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3.	Since your last renewal of an active license, did the licensing authority of any state, territory, or country deny, revoke, suspend, reprimand, fine, accept your surrender of, restrict, limit, place on probation, or in any other way discipline your nursing and/or any other occupational license, registration, certification, or approval?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4.	Is the Board of Nursing or other licensing authority of any state, territory, or country, including but not limited to the Alabama Board of Nursing, currently investigating you?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.	Is disciplinary action pending against you with the Board of Nursing or other licensing authority of any state, territory, or country, including but not limited to the Alabama Board of Nursing?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6.	Since your last renewal of an active license, did any branch of the armed services administratively discharge you with any characterization of service besides "Honorable" and/or court-martial you?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7.	Since your last renewal of an active license, did you abuse alcohol, drugs (whether legal or illegal, prescribed or unauthorized), and/or other chemical substances or receive treatment or get recommended for treatment for dependency to alcohol, drugs (whether legal or illegal, prescribed or unauthorized), and/or other chemical substances?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8.	Since your last renewal of an active license, did any employer discharge you from or ask you to resign from any nursing employment for any of the following reasons: (1) any issue regarding your practice of nursing; (2) the accessing of, administration of, and/or accounting for controlled substances; (3) suspected impairment in the workplace; and/or (4) unprofessional conduct?	YES <input type="checkbox"/> NO <input type="checkbox"/>

AFFIDAVIT OF AFFIRMATION OF ELIGIBILITY FOR REINSTATEMENT OF INACTIVE LICENSE WITH RETIRED STATUS

I affirm that the information recorded on this application concerning any item contained herein is true and correct. I understand that I may be required to submit documentation to support my affirmation. I further understand that any false statement is in violation of the Code of Alabama and the Board of Nursing Administrative Code and constitutes cause for disciplinary action.

YOUR SIGNATURE IS REQUIRED TO COMPLETE THIS APPLICATION.

Signature

Date